

11-12-04

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[Signature]

FMC029/131935

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fitzgerald et al.

Serial No.: 09/730,414

Date Filed: 12/04/2000

For: COLLAPSIBLE BUOYANCY DEVICE FOR
RISERS ON OFFSHORE STRUCTURES

Group No.: 3673

Examiner: Lagman, Frederick
Lyndon

AMENDMENT

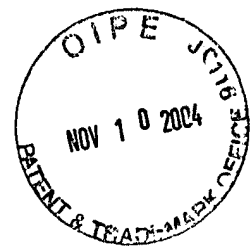
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

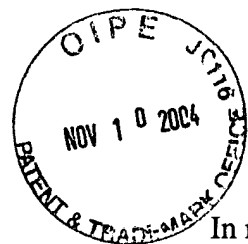
Sir:

In response to the Office Action of August 11, 2004, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 10 of this paper.





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Serial No.: 09/730,414

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Date Filed: December 04, 2000

Examiner: Lagman, Frederick
LyndonFor: COLLAPSIBLE BUOYANCY DEVICE
FOR RISERS ON OFFSHORE
STRUCTURES

Atty Docket No. FMC029/131935

RESPONSE TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. Transmittal herewith is an amendment for this application.

2. Applicant is

- ☐ a small entity.
☒ other than a small entity

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.6(d), 1.8(a) and 1.10)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with sufficient postage as Express Mail receipt EL 974223693 US, in an envelope addressed to the following: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 11-10-04

Signature
Ann Razo

(type or print name of person certifying)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete, as applicable)

- ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

Extension (months)	Fee large entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 400.00	\$ 200.00
<input type="checkbox"/> three months	\$ 920.00	\$ 460.00
<input type="checkbox"/> four months	\$ 1,440.00	\$ 720.00
<input type="checkbox"/> five months	\$ 1,960.00	\$ 980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.
- ☐ Extension fee due with this request \$ _____.

OR

- ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 23	25	0	\$9/18	\$0.00
Independent: 8	8	0	\$43/86	\$0.00
First Presentation of Multiple Dependent Claims:			\$280/140	\$0.00
Total Additional Fees:				\$0.00

(complete (c) or (d), as applicable).

- ☒ No additional fee for claims is required.

OR

- ☐ Total additional fee for claims required \$ 0.00

FEE PAYMENT

5. ☐ Attached is our check in the sum of \$_____.
- ☐ Attached is our check in the sum of \$_____ for a petition to revive an application.
- ☐ Charge Account No. 50-0897 the sum of \$_____


FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0897
(FMC029/131935)

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 50-0897
(FMC029/131935)

Date: Nov. 10, 2004



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